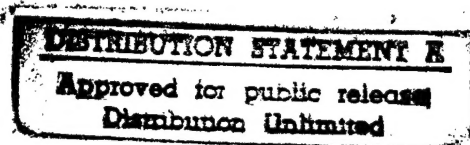


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24 January 1983



Worldwide Report

EPIDEMIOLOGY

No. 308

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24 January 1983

WORLDWIDE REPORT

EPIDEMIOLOGY

No. 308

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WORLDWIDE AFFAIRS

DENMARK, FINLAND WORRIED OVER FOOT-AND-MOUTH OUTBREAK IN USSR

Copenhagen BERLINGSKE AFTEN in Danish 10 Dec 82 p 3

[Article by Anders Jerichow and Oyvind Kyro: "Hoof-and-Mouth Disease Threat From Three Baltic Countries"]

[Text] The dreaded hoof-and-mouth disease is ravaging three Baltic states: Esthonia, Latvia, and Lithuania. This puts Danish foreign policy to the test: for 42 years we have not recognized the Soviet Union's annexation of the three countries and Danish authorities therefore cannot obtain information about the outbreaks.

Denmark has never recognized the annexation 42 years ago of the three Baltic states and can therefore not seek information concerning the new alarming occurrences of the cattle disease. The foreign ministry has "received reports on the hoof-and-mouth disease in the three Baltic States," but cannot officially send an inquiry to the Soviet authorities. "If we sent a note to the Soviet embassy, it could be interpreted as recognition of the Soviet annexation," said a spokesman for the ministry. The WEEKEND NEWSPAPER has learned, however, that Danish at the moment are attempting by various means to discover how extensive the outbreak is and what steps have been taken. Press Attache Alexander Tchikhira of the Soviet embassy can give no information because "we do not know whether an epidemic exists at all. I myself have heard about it over Danish or Swedish radio only."

Finnish Alarm

Neither the Danish Veterinary Directorate nor the State Virus Laboratory at Lindholm has any idea of how the epidemic developed and has only the sparse information provided by Western press bureaus.

According to these reports, extensive outbreaks have occurred in all three border states; first in Latvia and Lithuania, which have cattle stocks of over 3 million in total, and latest in Esthonia, where up until now 10 farms have been hit. As in Denmark, but unlike East Germany, the authorities have found it necessary to slaughter several thousand animals.

Finland, closest to the affected areas, has adopted severe safety measures to prevent spread of the disease. All travelers crossing the Soviet-Finnish border have their footwear disinfected and none of them must visit farms or packing plants. In addition, all imports of plants, fruit, and potatoes from Latvia, Estonia, and Lithuania have been banned.

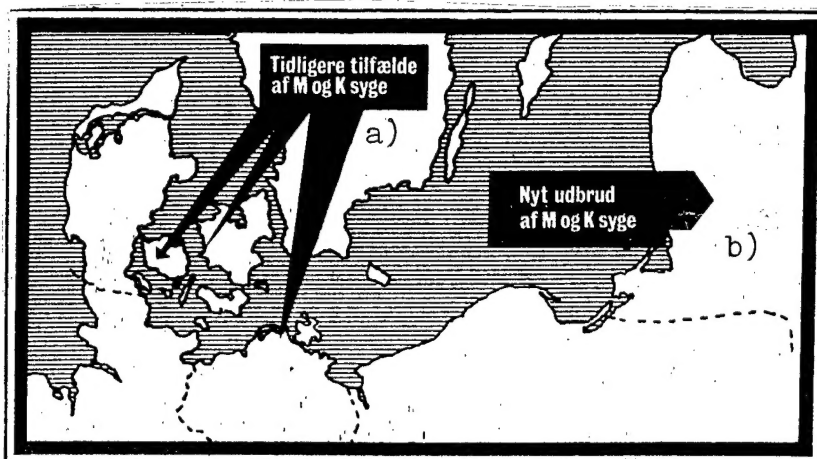
Russian Source

Danish authorities have good reason to view the situation on the other shore of the Baltic seriously at the present time, when a Japanese expert is in Denmark to determine whether the danger of hoof-and-mouth disease has been removed so that Japan's extensive imports of Danish meat can be resumed. The fact is that the most recent virus investigation indicates that the hoof-and-mouth disease that in the spring ravaged Fyn and Sjaelland [Danish islands] did not originate in East Germany. Rather, the outbreaks in Denmark and East Germany came from the same source: the Soviet Union had had outbreaks of the cattle disease shortly previously.

Nevertheless, Danish veterinary authorities are now left without knowledge of the new outbreaks in the East.

"It sounds rather absurd," says Niels Jorgen Haagerup, vice-chairman of the political committee of the European Parliament, which recently adopted an appeal to the parliament to condemn the Soviet Union's occupation of the formerly independent and neutral Baltic states.

"One cannot abandon a political principle because of the hoof-and-mouth disease," says Haagerup.



Map caption: International politics prevent Danish authorities from investigating the extent of recent outbreaks of hoof-and-mouth disease in Estonia, Latvia, and Lithuania. Map by Hans Faerch-Jensen.

Key: a) Previous occurrences of H and M disease
b) New outbreaks of H and M disease

11,256

CSO: 5400/2506

FINLAND WORRIED FOOT-AND-MOUTH DISEASE MAY SPREAD FROM USSR

Helsinki UUSI SUOMI in Finnish 3 Dec 82 p 8

[Article: "Unprecedented Preventive Measures Being Taken in Finland"]

[Text] The foot and mouth disease epidemic raging on the south shore of the Gulf of Finland represents a serious threat to Finland's cattle and food exports. Unprecedented measures are being taken on this side of the gulf to prevent the spread of this disease.

For the first time we are experimenting with a disinfectant mat, which has been tested with good results elsewhere in the world. Anyone coming from Estonia, Latvia, or Lithuania must tramp over it. Tourists coming from Tallinn are subjected to a particularly thorough customs inspection. In addition, all travelers are given a leaflet which contains various instructions.

Those who have been in rural areas in the neighboring country are subjected to a "delousing bath". Indeed, the question of a delousing location is still open since the so-called "delousing saunas" have been closed in Helsinki.

"The situation is much more serious than it was in the spring when foot and mouth disease appeared in Denmark. Now this virus has appeared at a distance of 70--80 kilometers from Finland and not all the cattle on the southern coast can be put indoors.

"In addition, the virus of this disease does quite well in very damp, cool, and dark weather. These are the conditions under which it is kept in laboratories," states Assistant Division Chief Saara Reinus of the Veterinary Division of the Ministry of Agriculture and Forestry.

The disclosure of even one incident of foot and mouth disease is quite serious for any country. For example, an epidemic ravaged Denmark last spring. And as a result 17 million markkas have been paid out in compensation. In addition, countries which have purchased food products from Denmark still consider them to be unacceptable.

We would be stuck with pork, beef, butter, and cheese.

Readiness For a Week and a Half Already

Veterinarians dealing with domestic animals in Southern Finland have been in a state of effective readiness for a week and a half already -- immediately after the disease appeared in Latvia.

The Ministry of Agriculture and Forestry announced its decision on Tuesday to take actions against the spread of foot and mouth disease.

The ministry prohibits such foreigners who arrive from Estonia, Latvia, or Lithuania to visit farms and animal shelters in Finland.

Travelers who come from these areas are obligated to subject themselves to disinfectant measures, which are necessary for preventing the spread of the infection.

Also the importing of certain products is prohibited: live and dead animals as well as parts of animals, animal products, fertilizers, fodder, urine and other secretions, bacteria, virus, and other comparable micro-organisms causing animal diseases as well as serums and vaccines intended for animals, hay and straw, coverings, containers, packaging, rags, equipment, and clothing used in the production, care, or raising of animals, live plants, fruit, roots, potatoes, and grain.

Inoculations "With Reluctance"

In many countries cloven hooved animals (cows, pigs, sheep -- not horses) are routinely inoculated against foot and mouth disease. However, this is not done in Finland -- nor is there a desire to do so. Even when faced with an epidemic, it is not done readily since countries purchasing food products do not want food products originating from inoculated animals.

"Finland does not import any raw animal products from countries in which animals are inoculated against foot and mouth disease," states Veterinary Inspector Saara Reinius.

"If foot and mouth disease appears in Finland, inoculation will not be the first measure to be taken. First an attempt will be made to isolate the disease by other means. But if it becomes an epidemic, inoculations will be given 'with reluctance'," she states.

Trips Will Not Be Cancelled

Trips to Estonia and the other Baltic countries will not be cancelled. The organizers of tours made a decision on this issue on Thursday at a joint negotiating session. On Wednesday the Veterinary Division of the Ministry of Agriculture and Forestry recommended that trips to Estonia, Latvia, and Lithuania be cancelled for the time being because of foot and mouth disease.

Finland's cattle growers have been urged to be exceptionally vigilant. The immediate disclosure of the first incident of the disease is especially important for preventing the spread of the disease.

The symptoms of foot and mouth disease are fasting, an increase in body temperature, and a reduction in production. The more evident symptoms are frothing, smacking of the lips, blisters and small wounds on the snout or its vicinity, in the nostrils and in the mouth, tenderness in the feet, blisters and inflammation of the hooves as well as blisters on the teats and udders.

The disease infects cattle, pigs, and sheep. It is not contagious for horses or other domestic animals.

The symptoms are the same as in cattle. Pigs, in particular, will have blisters around the snout and inflammation of the hooves, which can cause the animal to limp.

Symptoms indicating a presence of the disease must be reported immediately by telephone to the local veterinarian or the provincial veterinarian according to a statute of the Ministry of Agriculture and Forestry.

If there is no telephone, a member of the family who has not been in the barn, should be sent to deliver the information. Because of the danger of spreading the infection, one must not go to another farm. The individual making the report must change into clean clothing and shoes before leaving the farm.

Shoes should be wiped with hypochlorite or a 3-percent soda solution before leaving the farm.

A 1-percent citric acid solution is being used as a disinfecting agent at the Port of Helsinki.

There were 600--700 passengers on the Georg Ots ship arriving in the evening from Tallinn. They all had to walk over a citric acid mat and wipe their shoes. In addition, customs conducted a thorough inspection and confiscated all food products and plants now being prohibited.

All the passengers were given a bulletin on foot and mouth disease as well as relevant instructions. Tourists who have been in rural areas were subjected to a thorough inspection.

"This is the first time in Finland that travelers have been subjected to such a massive disinfectant operation. It will be interesting to see how everything goes," stated Veterinarian Timo Estola of Uusimaa.

"We are walking on tiptoes to prevent the spread of this disease to Finland. However, the virus can be spread by the wind or even birds."

Foot and Mouth Disease a Familiar Visitor to Finland

Foot and mouth disease is an old acquaintance even in Finland. It has always spread during the dark winter months, generally beginning in November.

The large epidemics were in 1938--1939, 1951--1953, and 1958--1959. The epidemic two decades ago spread nearly throughout the whole country and resulted

in several contained areas in which an attempt was made to isolate the disease to the contaminated area. The whole area was vaccinated.

At that time foot and mouth disease ravaged all of Western Europe over a period of 1.5 years and caused losses amounting to 150--200 billion markkas. In Finland animal losses amounted to 11 billion markkas by December 1952.

The foot and mouth disease virus thrives under cold, damp, and dark conditions. It is spread through the air, by movements of people, in animal products, and by means of direct contacts between infected animals. The seriousness of the disease is recognized worldwide at a world foot and mouth disease conference held every other year.

The consequences of foot and mouth disease are felt the most in countries exporting agricultural products. If the disease has appeared in a certain country, its products will not be purchased for many months. For example, foot and mouth disease appeared in Denmark last spring. Danish animal products are still prohibited in other countries.

Finland exports beef, pork, butter, and cheese. All these products would be banned after the first incident of foot and mouth disease.

TRAVELERS:

If you are traveling to Estonia, Latvia, Lithuania,
-- cancel your trip.

Not possible?
-- at least do not travel to rural areas.

Absolutely necessary?
-- wear disposable protective clothing and footwear.

Are you returning?
-- come, but do not bring any animal products.
(Bread is permissible, but no pastry)
-- upon returning you will be subjected to disinfectant measures.

Are you going to rural areas in Finland?
-- go directly to a sauna and take clothing and equipment used
abroad with you (1 hour in 70° C is sufficient)

TOGETHER LET US PREVENT THE SPREAD OF FOOT AND MOUTH DISEASE IN FINLAND.

Veterinary Division
Ministry of Agriculture and Forestry

10576
CSO: 5400/2505

WORLDWIDE AFFAIRS

FINNISH AUTHORITIES EASE FOOT-AND-MOUTH IMPORT PRECAUTIONS

Helsinki HELSINGIN SANOMAT in Finnish 11 Jan 83 p 9

[Text] The precautionary restrictions caused by the foot-and-mouth epidemic in the Baltic countries have been eased in Finland. On Monday [10 January], a decision came into force, according to which the import prohibition would no longer affect living plants or vegetables, fruits, root crops and potatoes.

Imports of such things as animal products from Estonia, Latvia and Lithuania are still prohibited without a license from the Veterinary Department of the Ministry of Agriculture and Forestry.

The Veterinary Department decided on the import restrictions at the end of November, when it had received information of the presence of foot-and-mouth disease in Estonia. Already earlier in the fall, reports had come of the disease in Latvia and Lithuania.

The Soviet Union has stated that precautionary measures there were able to be ended already before Christmas. For this reason, Finland too has taken steps to ease the import restrictions.

Foot-and-mouth disease was last experienced in Finland in 1959.

CSO: 5400/2509

CRITICAL SITUATION IN UIGE HOSPITAL DESCRIBED

Luanda JORNAL DE ANGOLA in Portuguese 11 Dec 82 p 2

[Text] Uige--The Uige Regional Hospital currently lacks antianemics, analgesics, and other medicines for combating the most common illnesses in that region. This was told to ANGOP [ANGOLAN PRESS AGENCY] by the hospital administrator, Tenda Daniel.

The administrator said: "Even aspirin has disappeared." The hospital treated 8,957 patients in 1981 and 6,817 during the first half of 1982. But according to its administrator, the doctors work without diagnoses for two reasons: the equipment has been out of order for a long time, and there are no cover glasses in the laboratories for analyzing urine and feces. Clinical procedures have also been suspended due to the lack of the appropriate paper.

According to Tenda Daniel, the mortality rate dropped from 837 deaths in 1981 to 482 through the first half of 1982. The hospital does not have enough beds and lacks blankets and sheets because "they have all been stolen." The pediatric section, for example, has only 99 beds but treats about 200 children every day. There are situations in which two children share the same bed.

The administrator also said that "there is no control over the coming and going of people, with the result that frequent thefts are facilitated." He said that the eyepieces for the microscope have already been stolen and that the head of the pharmacy, whose name he did not reveal, recently stole a large quantity of medicines in collusion with the ambulance driver. But he did not explain how thefts in the hospital are being combated or whether the employees in question have now been punished by the appropriate authorities.

The hospital has a clinical staff consisting of four Cuban doctors and 167 Angolan technicians. In addition to needing more ambulances, its morgue lacks a refrigerated room.

11798

CSO: 5400/118

HEALTH CARE DELIVERY PROGRAM WILL MEET DEADLINE

Georgetown GUYANA CHRONICLE in English 2 Dec 82 p 4

[Text] The Guyana health care delivery system project undertaken by Government with assistance from the Inter-American Development Bank has been progressing according to plan and will be completed before the deadline, project Manager, Malcolm Giles said Tuesday.

Cde Giles said that there was a cut back on some of the works and the programme will be completed well within the prescribed August 11 deadline next year.

The project which was launched in August 1978 represents a massive undertaking by government to correct some of the major deficiencies and difficulties in the delivery of health care in Guyana. It will also facilitate the re-organisation of the current health care system, establishing on the basis of a regionalised system of accessibility, so that the entire population would benefit from basic medical services.

Funded by the Guyana Government and Inter-American Development Bank the project involves the construction of six health posts, seven health stations, four district hospitals and a regional hospital which are spread

throughout the length and breadth of Guyana. Provision has also been made under the project for training of over 100 persons in related disciplines and for the purchase of modern equipment.

The entire cost of the project is 10.9 million (US) dollars, 8.8 million of which makes up the

IDB loan. The Guyana Government has to contribute 2.1 million (US) dollars. The district hospitals at Kumaka in the North West District and Charity on the Pomeroon River, the two buildings still under construction, are expected to be completed by February of next year.

Cde Giles disclosed that some 13 land rovers and six ambulances which have been ordered should arrive in the country shortly. He said that dental instruments and appliances and equipment for physiotherapy catering and laundry are also to arrive shortly for installation in the various health facilities. Linen, domestic and office supplies and medical and surgical instruments and furniture are also part of the package.

Persons selected for training at both local and overseas institutions have been pursuing

courses in administration, health equipment maintenance, health statistics and accounting.

When completed the project will ensure that medical services of one

level or another are available to most communities throughout the country, Cde Giles said that the health posts which will be manned by community health workers will cater for simple cases and will concentrate mainly on preventative measures to check the spread of disease. The health centres which will cater for a larger area with additional facilities will be run by a medex. The district hospitals will, cater for an even larger area with doctors on staff, he said.

A second phase of the project will be a back up, to the system and will include the transformation of the Georgetown Hospital into a national referral hospital, Cde Giles said. He said that a 350000 (US) dollar IDB grant has been released for this venture. This grant will allow for upgrading of equipment to do research and analyses on different diseases.

Cde Giles said that a report done by the Pan-American Health Organisation on the implementation of that phase of the programme is now being examined. — (GNA).

CSO: 5400/7524

BRIEFS

GEORGETOWN HEALTH CAMPAIGN--The Georgetown City Council has begun intensifying its environmental health campaign to ensure that butchers and foodhandlers operating within Georgetown comply with basic health requirements. The new plan includes regular examination of meat vendors, restaurant employees and certain categories of stallholders from Georgetown's five municipal markets; the mounting of environmental sanitation seminars; and constant monitoring of all food stalls. At the Council's statutory meeting on Monday, the City's Medical Officer of Health reported that 203 food handlers were examined last month. Seven of these were referred to the Social Disease Clinic for investigation and treatment. Four seminars were held, attended by 100 participants drawn from cook-shops, restaurants and food stalls, and certificates were issued to those who successfully wrote tests at the end of each seminar. Meanwhile, the Council's Public Health Department made 5 241 inspections and served 154 notices in October in another campaign to improve environmental and sanitation standards in houses, yards, schools, trade premises, places of amusement, stables and cow byres. [Text] [Georgetown GUYANA CHRONICLE in English 26 Nov 82 p 8]

YELLOW FEVER DEATHS--Georgetown, Tues., (CANA): Guyana's health authorities are advising all nationals planning to visit the country's interior, near the border with Brazil, to first have themselves inoculated against yellow fever, a top health official said today. Chief Medical Officer, Dr. Walter Chin, told Cana the authorities were taking the necessary precautions, following the death of two Guyanese diamond divers, earlier this month, from the mosquito-borne disease. Vaccine centres have been set up at various points. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 1 Dec 82 p 5]

CSO: 5400/7524

INDIA

BRIEFS

MIDNAPORE ENCEPHALITIS TOLL--Midnapore, Nov. 23--The death toll from encephalitis in the district rose to 68, with reports of five more deaths in Midnapore Sadar North, Sadar South and Jhargram sub-division received by the district Health Department officials today. There have been 190 attacks in the district since October. The district authorities are worried that the disease is spreading to new areas because of inadequate preventive measures. [Text] [Calcutta THE STATESMAN in English 24 Nov 82 p 16]

TRICHUR GASTROENTERITIS DEATHS--Trichur, Dec. 6 (PTI)--Five persons have died of gastro-enteritis, which has attained a virulent form in the Kodungallur coastal area of Trichur district, according to reports received here. Over 200 persons are under treatment for the epidemic in the Kodungallur hospital. [Text] [New Delhi PATRIOT in English 7 Dec 82 p 5]

VIRUS FEVER REPORTED--Udumalpet, Dec. 5. A flu like virus fever prevails at Udumalpet and over 10,000 people have been affected, it is said. Doctors say the incidence may be due to change of weather and cold winds sweeping the town and villages in Udumalpet taluk for some days now. At Udumalpet, there is no protected drinking water supply system. [Text] [Madras THE HINDU in English 6 Dec 82 p 12]

CSO: 5400/7065

BRIEFS

GASTROENTERITIS DEATHS--The disease gastroenteritis is raging in several regions of the Garut District. A source in the Garut Health Service said that the gastroenteritis is a result of the long dry season and the Mount Galunggung eruption. Victims treated at the subdistrict public health center numbered 170. Three of them have died because they delayed informing the center. Those who died were inhabitants of Sukawening Subdistrict. In Bungbulang Subdistrict, 46 patients afflicted by gastroenteritis are registered. They were saved by using tens of bottles of intravenous fluid. The rivers in Garut are polluted and drying up as a result of the long dry season and the Galunggung eruption. A source in the health service said that gastroenteritis will probably increase if rain does not come. [Excerpts] [Jakarta HARIAN UMUM AB in Indonesian 20 Oct 82 p 2] 12193

INCREASE OF DENGUE FEVER--The number of those afflicted by dengue fever in East Kalimantan has increased lately. The densely populated cities of Samarinda and Balikpapan have the highest incidence, followed by Tarakan city in the north. Dr Regomal Tampubolon of the East Kalimantan Office of Health Inspection did not mention the number of victims in the province, but the Chief of the Samarinda Health Service, Dr H. Supangat, acknowledged that in his district the number of victims has continued to increase of late. In August alone, seven cases were registered and one person died. The number of cases increased to 33 the following month and the number of deaths to 7. By the middle of October 49 cases had been listed. This disease was found in Samarinda in 1976 but did not assume serious proportions until this year. Regomal Tampubolon said the disease occurred first in Samarinda in 1976, spread to Balikpapan the following year, and then spread to Tenggarong and Tarakan. [Excerpts] [Jakarta MERDEKA in Indonesian 21 Oct 82 p 4] 12193

MEASLES DEATHS--In the 2 1/2 months from August until 12 October, 12 children under 5 years of age died of measles in the Klaten District. The most serious outbreak occurred in Prawatan Village. Ten of the 12 who died came from this area. At first, the children were attacked with a high fever and then red spots came out on their bodies. Usually the cause of death resulted from the attitude of the elders who thought that this disease would heal itself without treatment. When the latest count was taken on 15 October, 22 children in Prawatan Village still had fevers. Local authorities, cooperating with the public health center, have acted swiftly in giving medical treatment and measles vaccine to 150 children in this village. [Excerpt] [Jakarta MERDEKA in Indonesian 21 Oct 82 pp 1, 9] 12193

GASTROENTERITIS DEATHS--Gastroenteritis has attacked the transmigrant population in Air Sugihan in the Musi Banyuasin District of South Sumatra and some 74 people have died. This outbreak is the result of the long dry season. Several transmigration locations, as well as other regions, are experiencing drought and water shortages. The number of gastroenteritis sufferers at that site, according to the evaluation team, had reached 1,900 persons at last count. A team officer said that the South Sumatra Provincial Government learned of the outbreak in the Air Sugihan transmigration location on 12 September. After receiving the report a prevention team and a provincial health service medical team were immediately sent to Air Sugihan. Two command posts were formed in sections 27 and 29. Support in the form of medicines sent to the site included 2 1/2 tons of Oralite from the central government. About 700 tetracycline capsules, intravenous fluid, caporite, alum and other medicines were obtained from the South Sumatra Provincial Government. With the arrival of the medical team and medicines, no deaths have been reported since the middle of September and the incidence of the disease is decreasing rapidly, an ANTARA source explained. [Excerpts] [Jakarta HARIAN UMUM AB in Indonesian 25 Oct 82 p 12] 12193

ADDITIONAL GASTROENTERITIS DEATHS, TREATMENTS--Thirty-nine have died and 200 more persons are receiving treatment at public health centers for gastroenteritis. The disease has attacked several subdistricts in the Banyumas District of Central Java. Local inhabitants believe the outbreak has occurred because a spirit was disturbed and angered. Despite the deaths, the people hesitate to take sick relatives to public health centers. They seek the help of folk doctors instead. A health official who did not wish to be named gave an example. Tarto (11 years old) was being given intravenous fluid at a public health center when suddenly his parents asked to take him home. They said their child "was possessed by an evil spirit and should be bathed, not stuck with a needle." Tarto died in his home. As the number of victims increased the people began to question the efficiency of the folk doctors and to bring the sick to public health centers. The three public health centers in the area operated on a 24-hour basis. The main obstacle was that no ambulances were available. The three subdistricts which were hit by this calamity have experienced a shortage of clean water as a result of the long dry season. According to information gathered by SINAR HARAPAN, without treatment victims of the disease could live only 3 days. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 25 Oct 82 pp 1, 12] 12193

MEASLES OUTBREAK--Thirteen persons, including 2 adults, have died of measles in the villages of Maribaya and Kertanegara in the subdistrict of Karanganyar in Purbalingga District. As of Sunday afternoon nine children had died in Maribaya and four persons in Kertanegara. The chief of Maribaya village, Darwoto, said the children died because their relatives did not want to take them to the public health center. The chief of the Karanganyar Subdistrict Public Health Center, Dr Joni Gunata, said that only a few people had had their measles-infected children examined, and that these children are recovering. He was alarmed to learn that many victims had died because they were not taken to the public health center. He said victims usually die if their temperatures are exceedingly high, especially children who are poorly nourished or have other complications. Ordinarily, measles is not a dangerous disease, but if complications set in the victim's resistance decreases sharply and death frequently occurs. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 27 Oct 82 pp 1, 2] 12193

CHOLERA EPIDEMIC--Jakarta, 22 Dec (AFP)--Five people died and 119 others are now under treatment in various Jakarta hospitals after a cholera-type diarrhoea swept Jakarta last week, local press reports said today. The papers, quoting Jakarta administration spokesman Ramona Ginting, said special teams had been sent out to help the victims and would be available twenty-four hours a day. The worst hit area is south Jakarta, a residential area. Mr Ramona Ginting said the change of weather from the dry to the rainy season had caused the disease which hits the city regularly every year. [Text] [BK2517008 Hong Kong AFP in English 0540 GMT 22 Dec 82]

CSO: 5400/4357

ISRAEL

BRIEFS

EAST JERUSALEM HEALTH CENTER--The sick fund has inaugurated a new health center in the Ash-Shaykh Jarrah quarter in East Jerusalem which will treat 15,000 of the 40,000 sick fund members who live there. The new health center is equipped with modern instruments and is headed by an Arab physician born in Jerusalem. In the inauguration ceremony, health Minister Eli'ezer Shostak announced that he has recently approved the establishment of a new Arab hospital in East Jerusalem, the fourth hospital in East Jerusalem. [TA220812 Jerusalem Domestic Service in Hebrew 1700 GMT 22 Dec 82 TA]

CSO: 5400/4506

DEPUTY HEALTH MINISTER SAYS DENGUE CRISIS HAS ENDED

Kuala Lumpur NEW STRAITS TIMES in English 5 Nov 82 p 5

[Text]

KUALA LUMPUR, Thurs.

— The Health Ministry's nationwide "dengue emergency" is over, Deputy Health Minister Datuk K. Pathmanaban said here yesterday.

He said for the first time since the epidemic started in late July, seven States had experienced a dengue-free week.

Since last Wednesday, no cases had been reported in Perak, Kedah, Malacca,

Kelantan, Pahang, Sarawak and Sabah.

Datuk Pathmanaban said this was a good sign and he hoped the other States would also see some improvement soon.

He said the situation in these States was not bad. Since last Wednesday, two cases were reported in Penang, three in Selangor, two in Johore, three in the Federal Territory, one each in Negri Sembilan and

Trengganu and four in Perlis.

He said though the emergency was over, the Health Ministry was still maintaining its vigilance in dengue-prone areas.

The whole country was still under the purview of the Destruction of Disease Bearing Insects Act and enforcement activities against those facilitating breeding grounds for the aedes larvae were still conti-

nuing, he added.

He hoped the public would maintain the same degree of vigilance because the country was endemic to the disease.

He said Health Ministry staff from other divisions who were drafted into the fight against the aedes mosquito had returned to their respective units.

So far the number of cases reported is 3073, with 36 deaths. — Bernama

CSO: 5400/8412

CHOLERA REPORTED IN SABAH, SARAWAK

Foreign Workers Suspected

Kuala Lumpur NEW STRAITS TIMES in English 3 Nov 82 p 19

[Text]

KOTA KINABALU, Tues. — Twelve people have died and 320 others fallen victim to cholera in Sabah since the outbreak of the disease in April.

Officials believe the disease was brought into the State by foreign workers.

Eighty-two per cent or 275 of the victims were below 30 years of age. This is the age group of the majority of those who enter the State to work as

labourers.

Sources said the task of identifying the actual origins of the victims was difficult but the breakdown of the cases by nationalities showed a positive picture of the disease being brought in by foreigners.

Of the total of 332 cases recorded until Monday, Sabahans accounted for only 116 cases.

The sources said the foreigners who enter Sabah mostly do so

without proper papers. Thus there was no indication of whether they had taken any health or disease prevention measure.

Most of them live in squalid slums, squatting on government or private land.

Since the State Government classifies them as squatters, they are not given piped water or other amenities.

The majority of the cases occurred in San-

kana, Sandakan, where there are thousands of foreign workers in estates, and timber camps. There were 102 cases reported in the district.

The other districts which are affected are Tawau, Kuala Kinabatangan, Kota Kinabalu, Papar, Kudat, Kota Marudu, Ranau, Kota Belud, Lahad Datu, Beluran and Semporna. They all have their share of foreign workers.

Cholera-free Areas

Kuala Lumpur NEW STRAITS TIMES in English 5 Nov 82 p 5

[Text]

KUCHING, Thurs. — Eight of the 11 cholera-infected districts of Sarawak have been declared free of the disease.

They are Sarikei and Julau in the Sixth Division; Oya, Dalat, Sibuan and Mukah in the Third Division; Lawas in the Fifth Division; and, Lundu in the First Division.

The areas still affected are Binatang (Sixth Div); Limbang (Fifth Div); and, Simunjan (First Div), a spokesman

of the Medical and Health Services Department said today.

Dengue

Another confirmed case was reported in Kampung Bangkita in Limbang district, bringing the number of confirmed cases to 96.

Carriers remain at 435.

The latest victim is a 65-year-old man and he has been admitted to Limbang district hospital.

Five people have died of cholera since the out-

break of the disease early this year.

Meanwhile, the dengue situation continues to improve. No case was reported in the past week.

The number of suspected cases so far is 101. There have been seven confirmed cases and one death. — Bernama.

CSO: 5400/8412

MALAYSIA

BRIEFS

SARAWAK CHOLERA CASES--One confirmed case of cholera was reported in Bintulu on Friday, bringing the total number of cases in the state so far this year to 106. The victim, a 3-year-old girl from the squatter area in Bintulu town, was admitted to the hospital. A spokesman of the medical department in Kuching said today that the total number of carriers is 486. [Text]
[BK020724 Kuala Lumpur Domestic Service in English 1130 GMT 27 Dec 82]

CSO: 5400/4363